

## DSAF ACCESS REQUEST

DSAF User:		HDC User ID:	
Telephone Number:		Date Access Needed:	
		Months Requested:	
Project Name:			
Project Officer/Contact:			Phone:
Description/Justification for Request:			
Awardee Information:			
Name:			
Address:			
City:			
Zip:			
Contract Number:		Expiration Date:	
		Data Processing Budget:	
<p>The vast array of Medicare data available in the Decision Support Access Facility (DSAF) is divided into logical groupings referred to as "Legs."</p> <p>Generally, each leg provides different views and types of data. See below for the files currently available in each leg.</p>			
Select the file(s) you need to access in DSAF by placing an "X" in the box next to the file(s).			
<b>1. EPIDEMIOLOGICAL</b>		<b>2. HISTORICAL</b>	
<b>ENROLLMENT</b>		<b>ENROLLMENT</b>	<b>UTILIZATION</b>
EDB * <input type="checkbox"/>		DENOMINATOR <input type="checkbox"/> GHP <input type="checkbox"/> HISKEW <input type="checkbox"/>	MEDPAR <input type="checkbox"/>
<b>3. STANDARD ANALYTICAL FILES (FINAL ACTION)</b>		[Not available to all DSAF users]	
ALL <input type="checkbox"/> OUTPATIENT SAF <input type="checkbox"/> HHA SAF <input type="checkbox"/> HOSPICE SAF <input type="checkbox"/> INPATIENT SAF <input type="checkbox"/> SNF SAF <input type="checkbox"/> CLINICAL LAB SAF <input type="checkbox"/> DME <input type="checkbox"/>		<b>5 % SAMPLE SAF</b> ALL <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> HHA <input type="checkbox"/> HOSPICE <input type="checkbox"/> SNF <input type="checkbox"/> PHYSICIAN/SUPPLIER PART B <input type="checkbox"/> DME <input type="checkbox"/>	
<b>4. NCH DATA - STATE SPECIFIC</b>		<b>5. NCH DATA (NATIONAL)</b>	
NCH 100% STATE SPECIFIC <input type="checkbox"/>		NCH 100% NATIONAL <input type="checkbox"/> MANRLINE OUTPUT FILES <input type="checkbox"/>	
		<b>6. PUBLIC USE FILES</b>	
		<b>7. BESS</b> <input type="checkbox"/>	
		<b>8. Data Preparation</b> <input type="checkbox"/>	
		<b>9. Summary Data</b> <input type="checkbox"/>	
		<b>10. Record Specification Facility</b> <input type="checkbox"/>	
		<b>SMRF</b> <input type="checkbox"/> (State Medicaid Research Files)	
HCFA Component Clearance:		TITLE/COMPONENT	
Prepared by: _____		_____	
Approved by: _____		_____	
Approved by: _____		_____	
Approved by: _____		_____	
Approved by: _____		_____	
HCFA Request For Internal Use <input type="checkbox"/>		Contractor/Grantee Request for Data <input type="checkbox"/> If checked, Data Release Agreement is required	

\* - EDB access in DSAF is for users who need beneficiary names/addresses or vital statistics

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